Please Direct All Correspondence to Customer Number **45311****REQUEST FOR CONTINUED EXAMINATION**

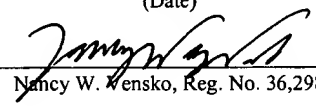
Applicant : McCart et al.  
App. No : 09/991,721  
Filed : November 13, 2001  
For : COMBINED GROWTH FACTOR-  
DELETED AND THYMIDINE KINASE-  
DELETED VACCINIA VIRUS VECTOR  
Examiner : Sullivan, Daniel M.  
Art Unit : 1636

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 3, 2006

(Date)

  
Nancy W. Wensko, Reg. No. 36,298**Mail Stop RCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

- (X) Enclosed:
- (X) Amendment/Reply in 6 pages.
  - (X) Declaration Under 37 CFR 1.132 of David L. Bartlett, M.D. and Bernard Moss, M.D., Ph.D.
  - (X) Exhibit 1 – Curriculum Vitae of David L. Bartlett, M.D.
  - (X) Exhibit 2 – Curriculum Vitae of Bernard Moss.
  - (X) Information Disclosure Statement and PTO/SB/08 Equivalent in 2 total pages (IDS and PTO/SB/08).
  - (X) (1) reference enclosed.
  - (X) Return Postcard.

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2. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		1801 (\$790)		\$790
Total Claims	23 - 35 = 0	1202 (\$50)	0 x 50 =	\$0
Independent Claims	2 - 4 = 0	1201 (\$200)	0 x 200 =	\$0
			<b>TOTAL FEE DUE</b>	<b>\$790</b>

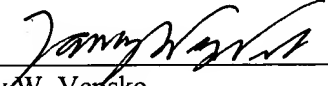
3. Payment:

(X) Check in the amount of \$790 to cover the above fees.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,  
KNOBBE MARTENS OLSON & BEAR LLP

Dated: May 3, 2006

  
\_\_\_\_\_  
Nancy W. Vensko  
Registration No. 36,298  
Attorney of Record  
Customer No. 45,311  
(805) 547-5580

RCE

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